The purpose of this form is to identify individuals who will be participating in the Young Athletes program.

<table>
<thead>
<tr>
<th>Participant’s Name - Last / First</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>City ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: ☐ Male ☐ Female

Birth Date: Month____ Day_____ Year_____

Does the child attend a formal daycare or preschool program? ☐ Yes ☐ No

Name of Daycare / Preschool ____________________________________________

Does the participant attend school? ☐ Yes (What grade? ____________) ☐ No

Name of School / City attended ____________________________________________

<table>
<thead>
<tr>
<th>Quik HealthCheck</th>
<th>Yes</th>
<th>No</th>
<th>How would you rate child’s overall health &amp; fitness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Heart disease</td>
<td>☐</td>
<td>☐</td>
<td>Excellent ☐ ☐ Comments: ___________________________</td>
</tr>
<tr>
<td>2 – High blood pressure</td>
<td>☐</td>
<td>☐</td>
<td>Good ☐ ☐ ________________________________</td>
</tr>
<tr>
<td>3 – Seizures / Epilepsy / Fainting</td>
<td>☐</td>
<td>☐</td>
<td>Fair ☐ ☐ ____________________________</td>
</tr>
<tr>
<td>4 – Diabetes</td>
<td>☐</td>
<td>☐</td>
<td>Poor ☐ ☐ ____________________________</td>
</tr>
<tr>
<td>5 – Eyeglasses / Contacts</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6 – Hearing impairment</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Child’s Physician - Print ____________________________

Dr.’s Office # ____________________________

Parents/Guardians Name – Last / First ____________________________

Address (If different from Participant) ____________________________

City ____________________________ State _____________ Zip Code _____________

Day Phone w/ Area Code ____________________________ Cell Phone w/ Area Code ____________________________

Email ____________________________

Place of Employment ____________________________

What is your relationship to the Participant you are registering? ☐ Parent/Guardian ☐ Sibling ☐ Other family member ☐ OTHER ____________________________

- For children with Down Syndrome, Special Olympics strongly recommends that parents/guardians speak with their family physician about having their child tested for Atlanto-Axial Instability (AAI). AAI describes increased flexibility in the upper neck, which, if present, may place the spinal cord at risk for injury.
- Once a child graduates to the official SOOK program, the SOOK Medical/Release & Down Addendum will be required for participation.
Young Athletes Release Form – SUMMARY

1) PARAGRAPH ONE
   - Parent/Guardian of a Young Athlete gives permission for said Young Athlete to participate in Special Olympics.

2) PARAGRAPH TWO
   - Notification of the right to use the Young Athlete’s likeness, name, voice or words in media, for purposes of advertising, promoting, communicating or fundraising for Special Olympics Oklahoma.

3) PARAGRAPH THREE
   - Authorization for Special Olympics to provide Athlete with medical treatment in case of a medical emergency.

4) PARAGRAPH FOUR
   - Authorization for the Young Athlete to participate in the Healthy Athletes program.

ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics Oklahoma

Young Athletes Release Form - COMPLETED BY PARENT OR GUARDIAN OF the YOUNG ATHLETE

I am the parent/guardian of _________________________________________, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant’s likeness, name, voice and words in television, radio, film, newspapers, magazines, internet and other media, for purposes of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program may be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant’s participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant’s care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant’s health and well-being.

By signing below, I consent to the participants’ participation in the Healthy Athletes Program. I understand that I should seek independent medical advice and assistance, as I am responsible for the participant’s health. I understand that information gathered as part of the screening may be used anonymously to assess and communicate overall health and needs of participants and to develop programs to address those needs.

As the parent/guardian of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

____________________________________  ________________________
Signature of Parent/Guardian               Date